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From: DANIEL KASTEN

Date: APRIL 6, 2004

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APPLICATION NO: JOHNSON ET AL.
 SERIAL NO: 09/474,980
 FILED: 12/29/1999
 FOR: PERSEPHIN AND RELATED GROWTH FACTORS
 GROUP NO: 1647
 ATTY. DOCKET: 56029/2668
 EXAMINER: ROBERT CLINTON HAYES

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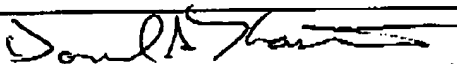
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Appl. Number	09/474,980	
	Filing Date	12/29/99	
	First Named Inventor	Johnson et al.	
	Group Art Unit	1647	
	Examiner Name	Robert Clinton Hayes	
Total Number of Pages in This Submission	1	Attorney Docket No.	56029/2668

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Charge Deposit Account -20-0823 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> Affidavits/declarations(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm or Individual Name	Daniel S. Kasten C/O Thompson Coburn LLP, One US Bank Plaza, St. Louis, MO 63101
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